Rhode Island Pet Network: Financial Assistance Application

*Our focus is on **emergency** and l**ife-saving** veterinary care. Unfortunately, we do **not** have the bandwidth to assist with routine care – including vaccines, wellness exams, spay/neuter and dental procedures not related to life-threatening conditions.*

Please download or copy this form, then email your completed application and a **clear photo of your pet** to: **RIpetnetwork1@gmail.com**

Owner Information

Name: sean paton_____
Date of Birth (MM/DD/YYYY): ___06/20/1984_____
Age: _____42____
Referred by (optional): _____
Address: 1178 elmwood ave_____
City: _cranston_____ **State:** _ri_____ **ZIP:** _02910_____
Phone: _401-206-6028_____ **Cell:** _____
Email: _____

Pet Information

Species (Circle One): Dog / Cat / Bird / Rabbit / Other: _____
Pet's Name: _____ **Age:** _____
Breed or Description: _____
Weight: _____ lbs
Name of Veterinarian: _____
Date of Last Appointment: _____
Is your pet spayed/neutered? ☐ Yes ☐ No
Are they up to date on vaccinations? ☐ Yes ☐ No

Veterinary Needs

Please describe in detail what symptoms or conditions your pet is experiencing. Include when symptoms started and any relevant context:

Have you already contacted a veterinarian or emergency clinic about this?
☐ Yes ☐ No
If yes, what did they recommend?

Do you have a vet appointment scheduled?
☐ Yes ☐ No
If yes, please provide the location and date: _____
Estimated cost: $_____
(Attach a written estimate from the vet if available.)

How much financial assistance are you requesting? $_____

Financial Information

Are you currently employed? ☐ Yes ☐ No
Is your spouse/partner (if applicable) employed? ☐ Yes ☐ No

Please check any benefits or assistance you currently receive (*you may be asked to provide documentation***):**
☐ Medicaid
☐ Supplemental Security Income (SSI)
☐ Social Security Disability (SSDI)
☐ Rite Care / Neighborhood Health Plan
☐ Unemployment
☐ SNAP (Food Stamps)
☐ Subsidized Housing (Section 8, etc.)
☐ Energy Assistance (LIHEAP, etc.)
☐ Other (please list): _____

What is your monthly household income (before taxes)? $_____
How many people live in your household? _____

Are you a senior (age 65+)? ☐ Yes ☐ No

Hardship Statement

Please describe the circumstances making it difficult for you to cover your pet's medical care at this time (medical issues, fixed income, recent job loss, etc.). *You may attach a separate sheet if needed.*

✳ *Note: Parts of your story and your pet's photo may be shared on social media and our website to help raise funds, unless you request that we do not. Your name and identifying details will not be published.*

Terms & Conditions

By submitting this application, you acknowledge and agree to the following:

1. You are the legal owner of the pet listed in this application.

2. You are at least 18 years old.

3. All funds will be paid **directly to a licensed veterinary practice**.

4. **Breeding Clause:** You **do not currently breed** this pet or any other animals in your care, **and will not breed this pet in the future**.

    - If it is discovered that you are breeding this pet now or in the future, **you will be legally required to repay the full amount of assistance provided, plus a 10% penalty fee**.
    - We require that unfixed pets are spayed or neutered within six months of our support, unless a licensed vet provides a statement that it is medically unsafe to do so. Contact us if you need financial assistance.

5. Rhode Island Pet Network may request **proof of income, public assistance, or other documentation** to verify your eligibility.

6. Rhode Island Pet Network may deny or discontinue support at any time if false or misleading information is provided.

7. We provide funding only for **urgent or emergency medical needs** and must pre-approve any treatments.

8. You are responsible for understanding the full cost of care with your veterinarian. Our support may only cover part of the treatment.

9. You give permission for Rhode Island Pet Network to share your pet's photo and a summary of their story on social media for fundraising purposes (your name will not be included).

☐ **Check here to confirm you have read, understand, and agree to all the above terms.**

Signature: _____
Date: _____

Please email completed form and a photo of your pet to: RIpetnetwork1@gmail.com